
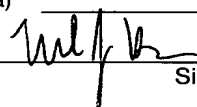


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket No. (Optional) PF155C1															
	In re Application of      Ruben et al.																
	Application Number 09/345,373-Conf. #1167	Filed July 1, 1999															
	For:      Keratinocyte Growth Factor-2																
	Art Unit      1647	Examiner      C. J. Saoud															
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 70%;">One month (37 CFR 1.17(a)(1))</td><td style="width: 20%; text-align: right;">\$ 110.00</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number      08-3425      .</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record. Registration Number      46,789     </p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)      _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%; text-align: center;"><p>February 5, 2004 Date</p><p>(240) 314-1224 Telephone Number</p></div><div style="width: 45%; text-align: center;"><p> Signature</p><p>Mark J. Hyman Typed or printed name</p></div></div> <p style="font-size: small;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p><input type="checkbox"/> Total of      1      forms are submitted.</p></div>			<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ 110.00	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$
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<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$															
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<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$															
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$															

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